Report of Contributions and Expenditures For Sandy City Election Candidates



(As defined by Sandy City Ordinance #05-18 and UCA 10-3-208(3)(b))

	. I. D. biroon				
Name of Candidate	Zach Robinson				
Address	s Candy Utah 8409	2			
2479 Glacier View Driv Office Sought	District Number	Daytime Pho	ne Fax	Email	n@sandy.utah.go\
Office Sought	At Large	8012019073		Zrobinsoi	Two surrey
		Type of F (Check the appr			
Is this report an amo	endment?	□Yes	X No		
Interim Reports:					
☐ Seven (7)	(14) days before the days before the dat (14) days before the s (7) before the data	e of the prima e date of the m	nunicipal gener	al election	end ort.ZL
Final Reports:	nan thirty (30) days a	Report Veri	fication	election, if any election	
acc	irm that this Report urate and complete	of Contribution	ease type or print) ons and Expend	/	
Mail Sandy Cit	or Deliver to / Recorder's Office Intennial Parkway			For Office Use Only Date Received	
	o <mark>re information</mark> dy City Recorder's C g 801-568-7118	Office	Received by		

Summary Page

Page	of
Candidate:	
Date:	7

(Complete this page after filling out Schedule A and Schedule B)

PLEASE NOTE: You must report all loans or donations given to your campaign from personal accounts.

		Column A		Figure numbers in
		Total this	Column B	Column B by adding the
		Period	Year-to-Date	corresponding figure on
	CONTRIBUTIONS RECEIVED			your last report to the figure in Column A. If
	TOTAL CONTRIBUTIONS RECEIVED			this if your first report
	(See Schedule A)			for the year, the figures
1		0	0	in Columns A and B
	EXPENDITURES MADE			should be the same.
	TOTAL EXPENDITURES MADE			
	(See Schedule B)			
2	,	0	0	
	BALANCE SUMMARY			
	Balance at Beginning of Reporting		Pofor to	line 7 on ways last assess
	Period		Keler to	Line 7 on your last report
3		\$616.27		
	Total Contributions Received			
	(From Line 1 Column A)			
4		0		
	Subtotal			
5	(Add Line 3 and Line 4)	0		
)	Total Expenditures Made	0		
6	(From Line 2 Column A)	0		
	Balance at Close of Reporting Period		4	
	(Subtract Line 6 from Line 5)		This nur	mber may never be negative
7	(Sastiast Ellie o Holli Ellie o)	\$616.27		

Sc	he	b		0	Δ
		. •	w II	No.	

Page	of
Candidate:	
Date:	

Itemized Contributions Received

PLEASE NOTE: List all contributions. When reporting in-kind contributions, label them as such, and include them in the totals. Attach additional pages, or spreadsheets at needed.

Date Received	Name of Contributor	Mailing Address	Amount \$
	None for Year		0
		,	
SUBTOTAL	0		
TOTAL CONTRIBUTIONS RECEIVED (Sum of all subtotals from all Schedule A pages)			

Schedule B

Page	of	
Candidate:	1	
Date:		_

Itemized Expenditures Received

PLEASE NOTE: Any in-kind contributions reported on Schedule A should be listed as expenditures on Schedule B and should be included in the totals. Attach additional pages, or spreadsheets at needed.

Date of Expenditure	Name of Recipient (Person or Organization)	Purpose	Amount \$
Experiarea	None for Year		0
SUBTOTAL FO	R THIS PAGE		0
TOTAL EXPENDITURES RECEIVED (Sum of all subtotals from all Schedule B pages)			